

Indiana State Board of Nursing

Advanced Practice Nurse Subcommittee Meeting

July 9, 2008 Meeting Summary

Attendees:

Cindy Wilson
Sally Hartman
Teresa Holland
Brenda Lyon
Sean Gorman
Sue Gaebler
Susan Rains
Sherry Sims
Carolyn Slagle
Catherine Jones
Marcia Plant Jackson

Kathy Rich
Jennifer Embree
Ernie Klein
Dee Swanson
Brandon Lee
Samantha Meeks
Michelle Hines
Jo Ellen Rust
Betsy Thompson
Mary Ann Wietbrock

1. Introductions
2. Board Director's Report: Sean Gorman informed the subcommittee that he will be presenting an update to the Medical Licensing Board in regards to the APN Subcommittee's activities and progress. The MLB's approval will be necessary for any rule changes dealing with prescriptive authority.
3. Previous Discussion Items Follow-Up
 - a. Nurse Practitioner Rule Definition / Competent Practice: Melinda Swenson, Dee Swanson, and Marcia Plant Jackson led Subcommittee discussion on changes they would like to recommend to the Board. The Subcommittee agreed to recommend the following changes be made to 848 IAC 4-2-1 Competent practice of nurse practitioners:
Sec. 1. A nurse practitioner shall perform as an independent and interdependent member of the health team as defined in 848 IAC 2-1-3. The following are standards for each nurse practitioner:
 - (1) Assess clients by using advanced knowledge and skills to:
 - (A) identify abnormal conditions;
 - (B) diagnose health problems;
 - (C) develop and implement ~~nursing~~ **health care** treatment plans;
 - (D) evaluate patient outcomes; and
 - (E) collaborate with or refer to a practitioner, as defined in IC 25-23-1-19.4, in managing the plan of care.
 - (2) Use advanced knowledge and skills in teaching and guiding clients and other health team members.
 - (3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of a nurse practitioner.
 - (4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice area, including the following:
 - (A) State and federal drug laws and regulations.
 - (B) State and federal confidentiality laws and regulations.

- (C) State and federal medical records access laws.
- (5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care, both acute and ongoing.
- (6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
- (7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
- (8) Maintain current knowledge and skills in the nurse practitioner area.
- (9) Conduct an assessment of clients and families which may include health history, family history, physical examination, and evaluation of health risk factors.
- (10) Assess normal and abnormal findings obtained from the history, physical examination, and ~~laboratory test~~ results.
- (11) Evaluate clients and families regarding development, coping ability, and emotional and social well-being.
- (12) Plan, implement, and evaluate care.
- (13) Develop individualized teaching plans with each client based on health needs.
- (14) Counsel individuals, families, and groups about health and illness and promote attention to wellness.
- (15) Participate in periodic or joint evaluations of service rendered, including, but not limited to, the following:
 - (A) Chart reviews.
 - (B) Client evaluations.
 - (C) Outcome statistics.
- (16) Conduct and apply research findings appropriate to the area of practice.
- (17) Participate, when appropriate, in the joint review of the plan of care.

- b. Clinical Nurse Specialist Rule Definition / Competent Practice: Jennifer Embree, Brenda Lyon, and Kathleen Rich led Subcommittee discussion on proposed changes to the rules addressing CNS's. After discussion, the Subcommittee agreed to the following changes to 848 IAC 4-3-1 Competent practice of clinical nurse specialists. These changes will be recommended to the Board for rulemaking.

Sec. 1. A clinical nurse specialist shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each clinical nurse specialist:

- ~~(1) Assess clients by using advanced knowledge and skills to:~~
 - ~~(A) identify abnormal conditions;~~
 - ~~(B) diagnose health problems;~~
 - ~~(C) develop and implement nursing treatment plans; and~~
 - ~~(D) evaluate patient outcomes.~~
- ~~(2) Use advanced knowledge and skills in teaching and guiding clients and other health team members.~~
- ~~(3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the clinical nurse specialist.~~
- ~~(4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice areas, including the following:~~
 - ~~(A) State and federal drug laws and regulations.~~
 - ~~(B) State and federal confidentiality laws and regulations.~~
 - ~~(C) State and federal medical records access laws.~~
- ~~(5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care.~~
- ~~(6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.~~
- ~~(7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.~~

- ~~(8) Maintain current knowledge and skills in their clinical nurse specialist area.~~
- ~~(9) Provide direct nursing care utilizing advanced scientific knowledge, nursing theory, and nursing skills in the assessment, planning, implementation, and evaluation of health and nursing care of individual clients.~~
- ~~(10) Provide indirect nursing care through planning, guiding, evaluating, and directing nursing care delivered by nursing and ancillary personnel as authorized by IC 25-23-1 and this title.~~
- ~~(11) Conduct nursing research, including methods of nursing intervention and healthcare in the area of specialization, and apply research findings appropriate to the area of practice.~~
- ~~(12) Teach and counsel individuals or groups by utilizing communication skills and teaching or learning theories to increase knowledge or functioning of individuals or groups, nursing personnel, students, and other members of the health care team.~~
- ~~(13) Serve as a consultant and as a resource, utilizing advanced health knowledge and skills, to those who are directly and indirectly involved in patient care.~~
- ~~(14) Participate in periodic evaluation of services rendered, including, but not limited to, the following:~~
 - ~~(A) Chart reviews.~~
 - ~~(B) Case reviews.~~
 - ~~(C) Patient evaluations.~~
 - ~~(D) Outcome of case statistics.~~

- (1) In the provision of direct care services the clinical nurse specialist:**
 - A. integrates advanced knowledge of wellness, illness, self-care, disease, and medical therapeutics in holistic assessment and care of persons while focusing on the diagnosis of symptoms, functional problems, and risk behaviors that have etiologies requiring nursing interventions to prevent, maintain, or alleviate;**
 - B. utilizes assessment data, research, and theoretical knowledge to design, implement, and evaluate nursing interventions that integrate medical treatments as needed; and**
 - C. prescribes or orders durable and consumable medical equipment and supplies when such equipment and supplies are self-care assistive devices or assist in the delivery of quality nursing care. Additional, the clinical nurse specialist who has fulfilled the state requirements for prescriptive authority is authorized to prescribe medications or pharmaceutical agents in collaboration with a licensed practitioner.**
- (2) In the provision of indirect patient care services, the clinical nurse specialist:**
 - A. Serves as a consultant to other nurses and healthcare professionals in managing highly complex patient care problems and in achieving quality, cost-effective outcomes for populations of patients across settings;**
 - B. Provides leadership in conducting clinical inquiries and the appropriate use of research or evidence for practice innovations to improve patient care;**
 - C. Develops, plans, directs and evaluates programs of care for individuals and populations of patients and provides direction to nursing personnel and others in these programs of care;**
 - D. Advances nursing practice through the use of evidence-based interventions and best practice guidelines in modifying organizational policies and processes to improve patient outcomes;**
 - E. Evaluates patient outcomes and cost-effectiveness of care to identify needs for practice improvements within the clinical specialty or program; and**
 - F. Serves as a leader of multidisciplinary groups in designing and implementing alternative solutions to patient care issues across the continuum of care.**
- (3) In all areas of clinical nurse specialist practice, the clinical nurse specialist shall do the following:**
 - A. Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.**

- B. Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1.**
- C. Maintain current knowledge and skills of clinical nurse specialist practice.**

The Subcommittee also discussed a suggestion to streamline the rules by amending the 848 IAC 4-1-3 "Advanced practice nurse" definition. As part of this recommendation, the other rules defining advanced nurse practice specialties will be amended to remove repetitive language.

Sec. 3. (a) "Advanced practice nurse" means a registered nurse holding a current license in Indiana who:

- (1) has obtained additional knowledge and skill through a formal, organized program of study and clinical experience, or its equivalent, as determined by the board;
- (2) functions in an expanded role of nursing at a specialized level through the application of advanced knowledge and skills to provide healthcare to individuals, families, or groups in a variety of settings, including, but not limited to:

- (A) homes;
- (B) institutions;
- (C) offices;
- (D) industries;
- (E) schools;
- (F) community agencies;
- (G) private practice;
- (H) hospital outpatient clinics; and
- (I) health maintenance organizations;

- (3) makes independent decisions about the nursing needs of clients; ; **and**

(4) functions within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice areas, including the following:

- (A) State and federal drug laws and regulations.**
- (B) State and federal confidentiality laws and regulations.**
- (C) State and federal medical records access laws.**

(b) The three (3) categories of advanced practice nurses as defined in IC 25-23-1-1 are as follows:

- (1) Nurse practitioner as defined in section 4 of this rule.
- (2) Certified nurse-midwife as defined in 848 IAC 3-1.
- (3) Clinical nurse specialist as defined in section 5 of this rule.

- c. **Certified Nurse Midwife / Limited Nurse Midwife Clarification Options:** Catherine Jones led discussion on considerations involved with nurse midwifery in Indiana. Ernie Klein supplied historical context for the existence of the term "limited license" – the limited license language was pulled verbatim out of the Medical Licensing Board's regulations from when nurse midwives were regulated under that Board. Catherine Jones is planning on coming back to the next APN subcommittee meeting with specific suggestions for clarifying the distinction between the definition of the nurse with the limited license and the definition of a certified nurse midwife.
- d. **Certification in lieu of Master's Degree for Initial Prescriptive Authority:** Teresa Holland and Sue Gaebler revisited this issue, which was discussed briefly at the May 21, 2008 APN Subcommittee meeting. The Subcommittee agreed that the regulations are sufficient and that this situation requires no further consideration of potential rule changes.
- e. **Educational requirements for Initial Prescriptive Authority Language Clarification –** The Subcommittee discussed a potential rule amendment offered for consideration; the following is an attempt to clarify the pharmacology course requirements for initial

prescriptive authority. The Subcommittee discussed the possibility of different requirements, but decided that the existing ones were appropriate and only needed to be better explained in the rules.

848 IAC 5-1-1 Initial authority to prescribe legend drugs

Authority: IC 25-23-1-7

Affected: IC 25-23-1

Sec. 1. (a) An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the advanced practice nurse does the following:

(1) Submits an application on a form prescribed by the board with the required fee, including, but not limited to, the following information:

(A) Complete name, residence and office addresses with zip codes, and residence and business telephone numbers with area codes.

(B) All names used by the applicant, explaining the reasons for any name change or use.

(C) Date and place of birth.

(D) Citizenship and visa status, if applicable.

(E) A complete statement of all nursing education received, providing the following:

(i) Names and locations of all colleges, schools, or universities attended.

(ii) Dates of attendance.

(iii) Degrees obtained or received.

(F) Whether the applicant has ever had any disciplinary action taken against the applicant's nursing license by the board or by the licensing agency of any other state or jurisdiction and the details and dates thereof.

(G) A complete list of all places of employment, including the following:

(i) The names and addresses of employers.

(ii) The dates of each employment.

(iii) Employment responsibilities held or performed that the applicant had since graduation from nursing school.

(H) Whether the applicant is, or has been, addicted to any narcotic drug, alcohol, or other drugs and, if so, the details thereof.

(I) Whether the applicant has been convicted of any violation of law relating to drug abuse, controlled substances, narcotic drugs, or any other drugs.

(J) Whether the applicant has previously been licensed to practice nursing in any other state or jurisdiction and, if so, the following:

(i) The names of such states or jurisdictions that previously licensed the applicant.

(ii) The dates of such licensure.

(iii) The license number.

(iv) The current status of such licensure.

(K) Whether the applicant has been denied a license to practice nursing by any state or jurisdiction and, if so, the details thereof, including the following:

(i) The name and location of the state or jurisdiction denying licensure.

(ii) The date of denial of such licensure.

(iii) The reasons relating thereto.

(L) A certified statement that the applicant has not been convicted of a criminal offense (excluding minor traffic violations) or a certified statement listing all criminal offenses of which the applicant has been convicted. This listing must include the following:

- (i) The offense of which the applicant was convicted.
 - (ii) The court in which the applicant was convicted.
 - (iii) The cause number in which the applicant was convicted.
- (M) All information in the application shall be submitted under oath or affirmation, subject to the penalties for perjury.
- (2) Submits proof of holding an active, unrestricted:
 - (A) Indiana registered nurse license; or
 - (B) registered nurse license in another ~~compact state and having filed a Multi-state Privilege Notification Form with the health professions bureau~~ **Indiana Professional Licensing Agency jurisdiction.**
- (3) Submits proof of having met the requirements of all applicable laws for practice as an advanced practice nurse in the state of Indiana.
- (4) Submits proof of a baccalaureate or higher degree in nursing.
- (5) If the applicant holds a baccalaureate degree only, submits proof of certification as a nurse practitioner or certified nurse-midwife by a national organization recognized by the board and which requires a national certifying examination.
- (6) Submits proof of having successfully completed a graduate level pharmacology course consisting of at least two (2) semester hours of academic credit from a college or university accredited by the Commission on Recognition of Postsecondary Accreditation:
 - ~~(A) within five (5) years of the date of application; or.~~
 - ~~(B)~~ **(7) If the graduate level** pharmacology course was completed more than five (5) years immediately preceding the date of filing the application, the applicant must submit proof of the following:
 - ~~(i)~~ **(A)** Completing at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding the date of the application, including a minimum of at least eight (8) actual contact hours of pharmacology, all of which must be approved by a nationally approved sponsor of continuing education for nurses.
 - ~~(ii)~~ **(B)** Prescriptive experience in another jurisdiction within the five (5) years immediately preceding the date of the application.
- ~~(7)~~ **(8)** Submits proof of collaboration with a licensed practitioner in the form of a written practice agreement that sets forth the manner in which the advanced practice nurse and licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall also set forth provisions for the type of collaboration between the advanced practice nurse and the licensed practitioner and the reasonable and timely review by the licensed practitioner of the prescribing practices of the advanced practice nurse. Specifically, the written practice agreement shall contain at least the following information:
 - (A) Complete names, home and business addresses, zip codes, and telephone numbers of the licensed practitioner and the advanced practice nurse.
 - (B) A list of all other offices or locations besides those listed in clause (A) where the licensed practitioner authorized the advanced practice nurse to prescribe.
 - (C) All specialty or board certifications of the licensed practitioner and the advanced practice nurse.
 - (D) The specific manner of collaboration between the licensed practitioner and the advanced practice nurse, including how the licensed practitioner and the advanced practice nurse will:
 - (i) work together;
 - (ii) share practice trends and responsibilities;

- (iii) maintain geographic proximity; and
- (iv) provide coverage during absence, incapacity, infirmity, or emergency by the licensed practitioner.

(E) A description of what limitation, if any, the licensed practitioner has placed on the advanced practice nurse's prescriptive authority.

(F) A description of the time and manner of the licensed practitioner's review of the advanced practice nurse's prescribing practices. The description shall include provisions that the advanced practice nurse must submit documentation of the advanced practice nurse's prescribing practices to the licensed practitioner within seven (7) days. Documentation of prescribing practices shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients.

(G) A list of all other written practice agreements of the licensed practitioner and the advanced practice nurse.

(H) The duration of the written practice agreement between the licensed practitioner and the advanced practice nurse.

~~(8)~~ (9) Written practice agreements for advanced practice nurses applying for prescriptive authority shall not be valid until prescriptive authority is granted by the board.

(b) When the board determines that the applicant has met the requirements under subsection (a), the board shall send written notification of authority to prescribe to the advanced practice nurse, including the identification number and designated authorized initials to be used by the advanced practice nurse.

(c) Advanced practice nurses who have been granted prescriptive authority will immediately notify the board in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborating licensed practitioner. Written practice agreements shall terminate automatically if the advanced practice nurse or licensed practitioner no longer has an active, unrestricted license.

(d) Advanced practice nurses wishing to prescribe controlled substances must obtain an Indiana controlled substances registration and a federal Drug Enforcement Administration registration. (*Indiana State Board of Nursing; 848 IAC 5-1-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2876; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; filed Dec 24, 2003, 10:45 a.m.: 27 IR 1571*)

4. New Business

- a. NCSBN annual meeting – Indiana Delegation Positions: Subcommittee discussion centered on what feedback Indiana delegates might convey at the 2008 NCSBN annual meeting, where the assembled delegates will consider model language regarding advanced practice nurse practice. All interested parties are invited to articulate in writing their positions or issues with the proposed advanced practice nurse model language by July 31, 2008 to Sean Gorman. These comments will be presented at the annual meeting.
- b. Other: The Subcommittee discussed the registration or direct licensing of the different practice areas for advanced practice nurses. It was suggested that the RN renewal survey may be used to track the numbers

of nurses practicing in particular areas. The PLA currently only has information on advanced practice nurses with prescriptive authority.

5. Next Meeting
Wednesday August 26, 2008
4:00 p.m. – 6:00 p.m.

Indiana University School Of Nursing (IUPUI)
Room 108
Indianapolis Indiana

For further information, please contact:

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